## **COMMITTEE REPORT**

## MR. PRESIDENT:

The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 341, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

1	Page 2, line 37, delete ", including a specific" and insert ".".
2	Page 2, delete lines 38 through 39.
3	Page 3, line 3, delete "specifying each" and insert "complications
4	of the waived condition.".
5	Page 3, delete lines 4 through 5.
6	Page 3, between lines 23 and 24, begin a new line double block
7	indented and insert:
8	"(H) An insurance benefit card issued by the insurer to the
9	applicant includes a telephone number for verification of
10	coverage waived.".
11	Page 3, line 34, delete "condition, complication, service, or
12	treatment" and insert "condition or complication".
13	Page 3, line 34, after "not" insert ":
14	<b>(1)</b> ".
15	Page 3, line 36, delete "(1)" begin a new line double block indented
16	and insert "(A)".
17	Page 3, line 37, delete "(2)" begin a new line double block indented
18	and insert "(B)".
19	Page 3, line 37, delete "." and insert "; or
20	(2) determined by the insured's treating physician to be

1	directly related to a condition for which coverage is waived
2	under subsection (e).".
3	Page 4, between lines 5 and 6, begin a new paragraph and insert:
4	"(i) A waiver under this section may be applied to a policy of
5	accident and sickness insurance only at the time the policy is
6	issued.".
7	Page 4, line 24, delete ", including a specific" and insert ".".
8	Page 4, delete lines 25 through 26.
9	Page 4, line 32, delete "specifying each" and insert "complications
10	of the waived condition.".
11	Page 4, delete lines 33 through 34.
12	Page 5, between lines 11 and 12, begin a new line double block
13	indented and insert:
14	"(H) An insurance benefit card issued by the insurer to the
15	applicant includes a telephone number for verification of
16	coverage waived.".
17	Page 5, line 18, delete "condition," and insert "condition or
18	complication".
19	Page 5, line 19, delete "complication, service, or treatment".
20	Page 5, line 19, after "not" insert ":
21	(1)".
22	Page 5, line 21, delete "(1)" begin a new line double block indented
23	and insert "(A)".
24	Page 5, line 22, delete "(2)" begin a new line double block indented
25	and insert "(B)".
26	Page 5, line 23, delete "." and insert "; or
27	(2) determined by the insured's treating physician to be
28	directly related to a condition for which coverage is waived
29	under subsection (b).".
30	Page 5, between lines 36 and 37, begin a new paragraph and insert:
31	"(h) A waiver under this section may be applied to a certificate
32	of coverage of accident and sickness insurance only at the time the
33	certificate is issued.".
34	Page 9, between lines 35 and 36, begin a new paragraph and insert:
35	"SECTION 7. IC 27-8-29-15, AS ADDED BY P.L.203-2001,
36	SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
37	JULY 1, 2003]: Sec. 15. (a) An independent review organization shall:
38	(1) for an expedited external grievance filed under section

1	13(a)(2)(A) of this chapter, within three (3) business days after
2	the external grievance is filed; or
3	(2) for a standard appeal filed under section 13(a)(2)(B) of this
<i>3</i>	chapter, within fifteen (15) business days after the appeal is filed;
5	make a determination to uphold or reverse the insurer's appeal
	•
6	resolution under IC 27-8-28-17 based on information gathered from the
7	covered individual or the covered individual's designee, the insurer,
8	and the treating health care provider, and any additional information
9	that the independent review organization considers necessary and
10	appropriate.
11	(b) When making the determination under this section, the
12	independent review organization shall apply:
13	(1) standards of decision making that are based on objective
14	clinical evidence; and
15	(2) the terms of the covered individual's accident and sickness
16	insurance policy.
17	(c) In an external grievance described in section 12(4) of this
18	chapter, the insurer bears the burden of showing that the insurer
19	properly denied coverage for a condition, complication, service, or
20	treatment because the condition, complication, service, or
21	treatment is directly related to a condition for which coverage has
22	been waived under IC 27-8-5-2.5 or IC 27-8-5-19.2.
23	(d) The independent review organization shall notify the insurer and
24	the covered individual of the determination made under this section:
25	(1) for an expedited external grievance filed under section
26	13(a)(2)(A) of this chapter, within twenty-four (24) hours after
27	making the determination; and
28	(2) for a standard external grievance filed under section
29	13(a)(2)(B) of this chapter, within seventy-two (72) hours after
30	making the determination.".
31	Page 9, line 38, delete ",".
32	Page 9, line 39, delete "delivered, amended, or renewed".
33	Page 10, between lines 19 and 20, begin a new paragraph and insert:
34	"(c) The commissioner of the department of insurance shall
35	forward the information submitted:
36	(1) under subsection (b)(1) not later than November 1, 2004;
37	and
38	(2) under subsection (b)(2) not later than November 1, 2005;

to the legislative council.".

Page 10, line 20, delete "(c)" and insert "(d)".

Page 10, line 22, delete "senate" and insert "legislative council.".

Page 10, delete lines 23 through 24.

Page 10, line 25, delete "(d)" and insert "(e)".

Renumber all SECTIONS consecutively.

(Reference is to SB 341 as introduced.)

and when so amended that said bill do pass.

Committee Vote: Yeas 11, Nays 0.

Miller Chairperson